SELF-CERTIFICATION FORM

Fax To: United States Food and Drug Administration
Ms. Sheryl Cruse, Atlanta District Office, 404-253-1201 (fax)

Mandatory recall of devices manufactured/distributed by A & A Medical Inc., Rocket USA, Inc., or LifeQuest Medical, Inc.

Date: _____

Contact Person: _____

Establishment Name and Address: _____
_____

Fax Number: _____

Telephone Number: _____

Number of Pages (including cover sheet): _____

If you agree to voluntarily destroy the recalled devices, please complete this self-certification form. If your sub-accounts choose to voluntarily destroy the devices in lieu of returning the devices to you, please request that they also complete this self- certification form and fax it to the FDA, Atlanta District Office.

I, (please print name)_____, am the most responsible person at the above named establishment and have knowledge of devices manufactured over the past 3 years by A & A Medical, Inc./Rocket USA, or LifeQuest Medical, Inc. labeled as "Sterile" or "Ethylene Oxide Processed".

We are not distributors or customers of A&A Medical, Inc. _____.

We do not have any recalled devices in inventory _____.

The following devices were in our inventory, upon receipt of the recall notification:

Product/lot#	Product Name	# of Units

(continue on reverse)

The following inventory was voluntarily returned to us by our accounts:

Product/lot#	Product Name	# of Units

I will voluntarily destroy _____ recalled devices.

I will destroy the devices on (date/time) _____at the following location/address:

_____.

Method of destruction (circle one) Burned or Pulverized.

I certify that the destroyed devices will be rendered totally unsalvageable and this statement is true and accurate. *I understand that FDA may choose to witness this destruction.*

Signed: _____
Title: _____

Comments:

_____
_____
_____
_____
_____
_____

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